



BLABY RURAL DISTRICT COUNCIL.

A N N U A L   R E P O R T  
of the  
M E D I C A L   O F F I C E R   O F   H E A L T H  
for the year 1941.  
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BLABY RURAL DISTRICT COUNCIL.

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the year 1941.

Mr. Chairman and Gentlemen,

I beg to present the Annual Report on the Health of your District for the year 1941.

The Registrar General's estimate of the (civilian) population is 36,300, a slightly higher figure being used for calculating the Birth Rate.

Births,	legitimate	M. 237	F. 245	Total	482
"	illegitimate	M. 10	F. 13	Total	23
		<u>247</u>	<u>258</u>		<u>505</u>
	Totals:-	247	258		505
Birth-rate	...	...	...	...	13.9
Birth-rate for England & Wales	...	...	...	...	14.2
Still-births. 18 (none were illegitimate).					
Deaths.	Males 146.	Females 189.		Total	335
Non-civilian deaths are excluded.					
Crude Death-rate	...	...	...	...	9.2
Comparative death-rate. R.G.'s factor not available.					
Death-rate (Civilian) for England & Wales	...	...			12.9
Deaths of Infants under one year of age	...	...			23
	Male 6.	Female 17.	(M.1, illegitimate)		
Infant Mortality Rate per 1,000 births	...	...			43
Infant Mortality Rate for England & Wales	...	...			59



PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASE.

Incidence of Notifiable Disease.

<u>Disease.</u>	<u>Total Cases reported.</u>	<u>Cases admitted to Hospital.</u>	<u>Total Deaths.</u>
Scarlet fever	102	82	1
Diphtheria	44	46	1
Pneumonia	19	-	13
Enteric Fever	4	2	-
Erysipelas	11	2	-
Measles	573	2	-
Puerperal Pyrexia	4	-	2
Whooping Cough	266	4	1
Cerebro-spinal Fever	3	5	-
Polio-myelitis	1	-	-
Ophthalmia neonatorum	3	-	-
Other cases		3	-

Scarlet Fever.

The cases were distributed as follows:-

Braunstone	50
Blaby	13
Enderby	8
Thurlaston	7
Sapcote	6
Glenfield	4
Other villages	<u>14</u>
	102

Dyphtheria.

The cases were distributed as follows:-

Braunston	9
Countesthorpe	7 (all at Cottage Homes)
Narborough	6
Glenfield	5
Blaby	5
Kirby Muxloe	4
Other villages	<u>8</u>
	44



### TYPHOID FEVER.

In my report for 1940, reference was made to a "carrier" case of typhoid fever in a boy of 13, who had infected three other members of his family at various intervals of time after his return home from hospital after himself suffering from the disease.

When his condition was discovered (in July, 1940) he was re-admitted to hospital at Markfield, where attempts were made to cure him, but without success, and after a prolonged stay he had to be discharged. Still being a "carrier", but with the Ministry of Health's sanction, he was allowed to return to school. When he attained the age of 14 and left school, the question of the boy's future had to be seriously considered, and the Regional Medical Officer of the Ministry of Health at Nottingham (Dr. G.E. Godber) was again consulted.

It may here be observed that these "carrier" cases of typhoid, although happily occurring comparatively rarely, present a most difficult problem, the satisfactory solution of which has not yet been achieved. These cases may continue to harbour the bacilli of typhoid in the intestines for years and excreting them in the stools, and they are a potential source of danger to the Community, more especially when the individual concerned handles food eaten by others.

It so happens that just at this time the American Red Cross, Harvard University Field Hospital Unit, which had been sent to this country to assist the British Government in connection with special public health problems which might arise during the war, were about to open their hospital at Salisbury. This hospital had come over from the U.S.A. complete as to medical and nursing personnel and equipment, and at the suggestion of the Ministry of Health the hospital authorities readily agreed to admit the case as soon as they were ready, and made a special study of it. The boy was admitted early in October and remained there for six



weeks. Various treatments were tried out, and although he was sent home still a "carrier", he cleared up within three months of his return home. Whether this was a coincidence, or due to the delayed action of the treatment he received, is uncertain, but undoubtedly very much trouble and time was spent upon this case, and our best thanks are due to the American Hospital and its medical staff for their efforts - given quite voluntarily and without any charge - on his behalf.

#### Diphtheria Immunisation.

The principal work for the Council carried out by your M.O.H. was immunisation against diphtheria of the children. This work was begun at the end of 1940. There are some 23 separate parishes in the Blaby R.D., but in some of the larger ones there is more than one school, and in some an Infant Welfare centre in addition. Altogether immunisation sessions were held in 28 centres, the total number of occasions being 84.

The number of children immunised (omitting those who only received one injection) is set out below. This covers the period 16th December 1940 to 31st December 1941.

#### Full course completed.

<u>Under 5.</u>	<u>Over 5 (but under 15).</u>	
730	2333	Total 3063.
Children contracting diphtheria after immunisation (All these were of mild type).		5.

One of these cases can be excluded because the child began to sicken only four days after the second injection. It takes an appreciable time for the protection to develop, indeed as much as three months before it is fully established.

It is difficult to give the exact proportion of children immunised for several reasons. First, there is the difficulty of estimating the child population owing to uncertainty introduced by "evacuation", Blaby being a reception area. Then many children have left after having received only one injection,



but some of these have probably secured the second injection in the area to which they have moved. Again, many children whose parents did not give consent during what may be called the "first round" are now willing to have them done, and it is probable that this tendency will increase as it comes to be realised that immunisation is a safe procedure, and rarely followed by any "reaction". Also, the fact that it has been taken up as a Government measure, and free of any cost to the parents, has undoubtedly made many people realise its importance.

### Scabies (The Itch).

A marked increase in the prevalence of this troublesome contagious affection has occurred throughout the country, and the Blaby R.D. has shared in this. It is natural to attribute this increase to the conditions arising out of the war, and undoubtedly these must tend to favour the spread of such an affection. Moreover, a similar increase was experienced after the last great war. But this is only a partial explanation, because the increase was observable before the war started. As to what could have caused this, one can only say that all diseases tend to fluctuate, just as is the case with most phenomena of nature.

A conference of district medical officers to consider the question was convened by the County M.O.H., at the request of the Ministry of Health, in January, at which the Regional Medical Officer of the Ministry (Dr. Godber) was present, and he suggested the desirability of starting special treatment stations in the larger centres of population in the County, at which bathing and other facilities for treatment would be available.

As regards the Blaby R.D., it was thought that such a station might be established in connection with "Enderby House" the Public Assistance institution at Narborough. This suggestion was brought before your Public Health Committee and approved. The County Public Assistance Department readily agreed to provide the necessary accommodation, but owing to the shortage of staff



were quite unable to offer any assistance in that respect. Attempts were therefore made to obtain the services of a suitable woman for the purpose, but unfortunately these proved unsuccessful, and so the scheme has not proceeded any further.

It is very doubtful whether, even had the scheme materialised, it would have done very much to solve the problem. The question of transport of persons suffering from scabies from outlying villages would have been a very serious difficulty, and there would almost certainly have been prejudice on the part of the public to making use of a Public Assistance institution.

Probably the most satisfactory solution would be for one or more suitable women, e.g., nurses or health visitors, to be appointed for the special work of visiting houses where the trouble existed with a view to supervising and helping with the necessary treatment in the home, but such appointments would have to be on a county basis, as in any one district there would not be enough cases to justify the expense involved. Such domiciliary visits would be much more likely to secure the treatment of all infected members of a household, than by attempting to secure their attendance at a distant treatment centre. But unfortunately, under existing circumstances the difficulty of obtaining the services of suitable women is so great that the County Health Department is unable to entertain the idea.

In the meantime, I am able to say that there does not appear, so far as my information goes, to be further increase in the prevalence of the trouble.

Some Notes on Scabies, prepared by your M.O.H. have been submitted to your Public Health Committee during the present year (1942), and it was decided that copies of these should be sent to all medical practitioners in the District.

#### LABORATORY WORK.

In connection with the diagnosis and supervision of Infectious Disease the following examinations were made at the County Council's Laboratory:-



Sputa for Tuberculosis	...	...	...	107
Swabs for Diphtheria	...	...	...	150
Milk examinations (bacteriological)	...			131
Urine (General and bacteriological)	...			34
Urine for Tuberculosis	...	...	...	22
Widal Tests for Typhoid Fever	...	...		4
Focces for B. Typhosus	...	...	...	8
Blood for Wasserman test	...	...	...	4
Films for gonococci	...	...	...	3
Differential blood counts		...	...	3
Hair for ringworm	...	...	...	1
Sewage and water analysis		...	...	9
Miscellaneous	...	...	...	5
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#### SANITARY CIRCUMSTANCES OF THE AREA.

Water:- Particulars abstracted from Sanitary Inspector's Report.

Extensions of the Leicester Corporation's mains were made in several parishes in order to keep pace with building development. The Council's supply at Stoney Stanton, Sappcote and Sharnford is filtered and chlorinated, and also the water supplied to Croft by the Croft Granite Co. Ltd.

In addition to nine chemical analyses of well waters, one sample was bacteriologically examined, five satisfactory chemically, one proving unsatisfactory. 9 wells were closed and in 18 instances the public supply was laid on in lieu of well water.

No. of parishes with piped water supplies from				
public mains	...	...	...	16
No. from private reservoirs	...	...	...	1
No. of parishes without piped water supply			...	6

#### Drainage and Sewerage:-

Sewerage extensions were completed in Ashleigh Road, Braunstone, 47 Married Quarters, and Hillsborough Road, Glen Parva, 150 Married Quarters. Extensions of sewers Ministry of Aircraft Production. Sewage disposals completed at Croft and Huncote.



Closet Accommodation:-

Sanitary Inspection of the Area:-

### Shops and Offices:-

## H O U S I N G .

## 8.



3.	Action under Statutory Powers during the year:-			
	(a)	Proceedings under Sections 9, 10 and 16, of the Housing Act, 1936:-		
	(1)	Number of dwelling-houses in respect of which notices were served requiring repairs		20
	(2)	Number of dwelling-houses which were rendered fit after service of formal notices:-		
	(a)	By Owners ... ..		16
	(b)	By Local Authority in default of Owners		Nil
	(b)	Proceedings under Public Health Acts:-		
	(1)	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied ... ..		28
	(2)	Number of dwelling-houses in which defects were remedied after service of formal notices:-		
	(a)	By Owners ... ..		21
	(b)	By Local Authority in default of Owners		Nil
	(c)	Proceedings under the Housing Act, 1936:- ...		Nil
4.	<u>Housing Act, 1935. Overcrowding.</u>			
	(a)	i. Number of dwellings overcrowded at end of year ... ..		16
		ii. Number of families dwelling therein		21
		iii. Number of persons dwelling therein		112
	(b)	Number of new cases of overcrowding reported during the year		24
	(c)	i. Number of cases of overcrowding relieved during the year		20
		ii. Number of persons concerned in such cases		94
	(d)	Cases in which dwelling-houses have again become overcrowded ... ..		Nil

#### INSPECTION AND SUPERVISION OF FOOD.

##### Milk:-

The Sanitary Inspector submits the following particulars for the year:-

Retailers:	No. on Register ... ..			12
(Other than Cow Keepers).	No. of inspections ... ..			40
	No. of contraventions found ... ..			57
	No. of contraventions remedied ... ..			51
Producers:	No. on Register ... ..			174
(including producers who retail their own milk).	No. of inspections of premises ... ..			520
	No. requiring cleansing	<u>Found</u> 64	<u>Remedied</u> 58	
	No. requiring structural alterations	38	35	
	Other contraventions	33	28	



Licenses are granted to one Producer and four Retailers of Pasteurized Milk and to 16 Distributors of Accredited Milk.

18 Designated milk samples and 59 other samples were submitted for examination at the County Laboratory. Only 3 of the former and eleven of the latter failed to reach the required degree of bacterial cleanliness.

#### MEAT AND OTHER FOODS.

Private slaughter houses:-

No. of regional slaughter houses	...	...	...	21
No. of animals slaughtered (chiefly pigs)	...			393
No. of animals examined	...	...	...	204
No. of animals slaughtered elsewhere	...	...		4
No. of inspections of meat at time of slaughter				40

#### Carcases inspected and condemned.

					Sheep & Lambs.	Pigs.
Number killed	...	...	...	...	1	396
Number inspected	...	...	...	...	-	208

Meat Shops, Meat Stores etc:-

No. of inspections	...	...	51
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Places where food (other than meat) is kept or prepared for sale:-

No. inspections	...	...	...	19
Unsound eggs condemned	...	...		28 doz.
Unsound meat	...	...	...	53 lbs.

#### FACTORIES, WORKSHOPS & WORKPLACES.

1. Inspections:-

Factories (with mechanical power)	Inspections	42
	Written notices	19
Workshops (without mechanical power)	Inspections	44
	Written notices	31
Other Premises	Inspections	39
	Written notices	<u>12</u>
Total:-	Inspections	125
	Written notices	<u>62</u>



2. Defects found:-

Nuisances under the Public Health Acts:-

	<u>Found.</u>	<u>Remedied.</u>
Want of cleanliness ... ..	21	17
Inadequate ventilation ... ..	4	4
Overcrowding ... ..	-	-
Ineffective drainage of floors ...	5	4
Insufficient Sanitary Accommodation	17	11
Unsuitable or Defective Sanitary Accommodation	8	7
Not separate for Sexes ... ..	<u>2</u>	<u>2</u>
Total:	<u>57</u>	<u>45</u>

It was not found necessary to refer any case to H.M.  
Inspector.

I have the honour to be,

Yours obedient Servant,

C. KILLICK MILLARD.

Medical Officer of Health.

The Gilroes,  
Leicester.

19th June 1942.

